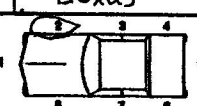
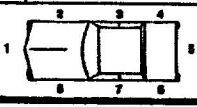
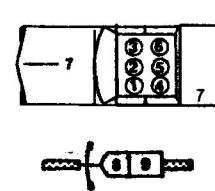


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>8664</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO					
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED										
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH <b>05/11/01</b>		DAY <b>TUES</b>		TIME MILITARY <b>1837</b>							
CRASH OCCURRED ON <b>Kroger's Property</b>				WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION MILES <b>300</b> FEET <b>W</b> <b>S</b> <b>E</b> OF <b>Columbus Ave</b>				LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO				CITY CODE <b>8303</b>									
LOG-1		LOG-2		LOC JUR F+3 FILT													
A UNIT NO <b>1</b>		NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>Allstate Ins Co.</b>											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Ramirez, Katrina, A.</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>118 Dave Street Apt. 706, Lebanon, OH 45036</b>													
PHONE NO <b>513-490-2016</b>		BIRTH DATE <b>0m111218y630</b>		AGE <b>30</b> SEX <b>F</b>		SOCIAL SECURITY NO <b>6</b>		STATE <b>OH</b>		DRIVER'S LICENSE NO <b>SL192589</b>		OCCUPATION <b>UNK</b>					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS								PHONE					
VEH YR <b>2005</b>		MAKE <b>Lexus</b>		MODEL <b>45</b>		COLOR <b>Silver</b>		STYLE <b>45</b>		STATE <b>OH</b>		LICENSE PLATE NO <b>GHU6622</b>		TOWING SERVICE <b>NONE</b>		VEH PED DIR <b>FROM W TO E</b>	
CIRCLE DAMAGE AREAS 		9 TOP 13 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO <b>2</b>		NO OF OCCUPANTS <b>2</b>		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>PEKIN INS. CO.</b>											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Seward, David, R.</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>5735 Brant Rd. Morrow, OH 45152</b>													
PHONE NO <b>UNKNOWN</b>		BIRTH DATE <b>0m710D217y540</b>		AGE <b>40</b> SEX <b>M</b>		SOCIAL SECURITY NO <b>1</b>		STATE <b>OH</b>		DRIVER'S LICENSE NO <b>RS418419</b>		OCCUPATION <b>UNK.</b>					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Seward, Dawn, M</b>				ADDRESS <b>5735 Brant Rd. Morrow, OH 45152</b>								PHONE					
VEH YR <b>2011</b>		MAKE <b>Honda</b>		MODEL <b>SW</b>		COLOR <b>GREY</b>		STYLE <b>SW</b>		STATE <b>OH</b>		LICENSE PLATE NO <b>FHT 7034</b>		TOWING SERVICE <b>NONE</b>		VEH PED DIR <b>FROM TO</b>	
CIRCLE DAMAGE AREAS 		9 TOP 13 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO <b>2</b>		NAME (LAST, FIRST, MI) <b>Seward, Dawn, M.</b>		BIRTH DATE <b>0m61D2817y936</b>		AGE <b>36</b>		POSITION		INJURIES							
		ADDRESS <b>SAME</b>		PHONE <b>UNK</b>		SEX		A B C D E F				A B C D E F					
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS		PHONE		SEX											
		PHONE		SEX													
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		P-PEDESTRIAN				CONDITION A B C D E F 1 7 X X X X X					
		ADDRESS		PHONE		SEX											
		PHONE		SEX													
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		RESTRAINTS				ALCOHOL A B C D E F 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					
		ADDRESS		PHONE		SEX											
		PHONE		SEX													
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F				DRUGS A B C D E F 1 TESTED 0 YES 2 YES 3 NO 4 NO					
D E F		INJURED TAKEN TO		By		A B C D E F											
A B C		INJURED TAKEN TO		By		A B C D E F											
A		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG					
O		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F											
		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F											
RECEIVED CALL <b>1837</b>		DISPATCHED <b>1838</b>		ARRIVED <b>1843</b>		CLEARED <b>1905</b>		OTHER TIME <b>20</b>		TOTAL MINUTES <b>42</b>							
DATE REPORT FILED <b>5/10/01</b>		PHOTOS <b>YES</b>		OFFICER'S NAME <b>Pt. B. McMaken</b>		BADGE NO. <b>114</b>		CHECKED BY									